MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

#	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			#	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1	1							51						
2		1						52					1	
3		1						53						
4		1						54						
5	1							55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		2						63						
14		2						64						
15		2						65						
16		2						66						
17		2						67						
18	1							68						
19								69						
20								70						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	20							TOTAL DEP.						
TOTAL CLAIMS	23							TOTAL CLAIMS						